

SIGNIFICANT CHANGE IN HEALTH SCREENING INSTRUMENT

Completion of this form is required by HFS 83.32(2)(a)1, Wisconsin Administrative Code. Failure to complete this form will result in a citation for non-compliance.

Significant changes definition:

- (a) Deterioration in a resident's medical condition that results in further impairment of a long-term nature.
- (b) Deterioration in 2 or more *activities of daily living*.
- (c) A pronounced deterioration in communication or cognitive abilities.
- (d) Deterioration in behavior or mood to the point where relationships have become problematic.

Deterioration in this context means a negative change since the resident was last evaluated.

Resident Name

Facility Name

Does this resident currently require nursing procedures that can only be performed by an RN or LPN?

☐ NO ☐ YES If yes, how many hours per week? _____

1. Has there been deterioration in the resident's medical condition that results in further impairment of a long-term nature?

☐ NO ☐ YES, please explain deterioration

2. Is there deterioration in 2 or more activities of daily living?

☐ NO ☐ YES, please list

3. Is there a pronounced deterioration in communication or cognitive abilities?

☐ NO ☐ YES, please explain

4. Is there a deterioration in behavior or mood to the point where relationships have become problematic?

☐ NO ☐ YES, please explain

**If the answer to any of the above is YES, the resident should be seen
by a physician or other appropriate medical professional. Refer to HFS 83.33(2)(g)3.**

ATTACH OR EXPLAIN RESULTS OF MEDICAL ASSESSMENT.

Residents who require MORE THAN 3 HOURS PER WEEK of nursing care for MORE THAN 90 DAYS, exclusive of personal care, may not remain in a CBRF unless the department grants a waiver or variance.
See HFS 83.8306(1)(a) 4, a and b

Signature

Date Signed